

POSITION	ID NO.	DATE
CLASSIFIER	5	5-11-93
EXAMINER	351	5-11-93
TYPIST	331	5-11-93
VERIFIER	315	5-11-93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Date	
Final	Original	
1	04	05
	03	04
	93	04
2	✓	✓
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	✓	✓
10	✓	✓
11	✓	✓
12	✓	✓
13	✓	✓
14	✓	✓
15	✓	✓
16	✓	✓
17	✓	✓
18	✓	✓
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SYMBOLS

- ✓ Rejected
- = Allowed
- (Through number) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
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